BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my nam that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joi inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on if invention entitled:

Information For Use Without Specification Attached: The specification was filed on	Insert Title:	DEVICE FOR FORMI BY USING THE SAM	NG GROOVE PA	TTERN OF LIGHT-GUI	DING PLATE	AND METHOD FOR FO	ORMING GROOV	B PATTER		
Dried States Application Number goodinators Areached:	Fill in Appropriate									
Specification Attached: Separational Application (if applicable) and/c 1								85		
Amenched: the specification was filed on				·				نــــــ		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the class amended by any amendment referred to above. I schrowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of F Regulations, \$1.56. Regulations, \$1.56. and do not believe the same was ever known or used in the United States of America before my or our time thereof, or patented or described in any printed publication in any occurrity before my or our time the supplication, that the invention has not been patented or used the subjects of America more than on prior to this application, that the invention has post been patented or used the subjects of an invention is any occurrity foreign to the United States of America more than on patient or invention's printificate on this invention has been filed in any country foreign to the United States of America more than on patient or invention's printification on the united States of America price application by me or my legal representatives or seafons, except as follows. I hereby claim front general price of the printies to a subject to the supplication of the supplication o		and amended on								
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I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecu this application and/or an international application based on this application and to transact all busine in the United States Patent and Irademark Office connected the rewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 - Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on informatic and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements at the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 15 of the United States Code and it such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	GIVEN NAME/FAMILY NAME	INVENTORSSIGNA			DATE					
Decement is Signed	Jae Ho HWANG	Jae Ho	Hwong	<u> </u>	July 14	. 2003				
Moest Residence	Residence (City, State & Country)		0	CITIZENSHID						
•	Kyongsangbuk-Do, Korea	Korean								
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Pali Pome of Second Levenion, II any: and share	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE		TURE	DATE						
	Residence (City, State & Country)		CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address	including City, State &	Country)							
Full Name of Third Investor, if say: sun chose	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNA	TURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP								
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
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feveries, if any; see above Full Plante of Pitth Laventor, if any; see above Full Plante of Steah Laventor, if any;	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country)	including City, State & INVENTOR'S SIGNAtional City, State & INVENTOR'S SIGNATION SIGN	Country) Country)		DATE*					
forecasion, if any; sine above Full Planne of Pitth Liverstor, if any; size above Full Planne of Stack Unventor, if any;	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & INVENTOR'S SIGNAtional City, State & INVENTOR'S SIGNATION SIGN	Country) Country)	CITIZENSHI	DATE*					

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*DATE OF SIGNATURE